

## **Living Arrangement Changes**

KEESM 8173, 8272

Many of our consumers will transition from one living arrangement to another. Here are some examples of changes.

### **PD to FE waiver**

The PD waiver serves persons between the ages of 16 to 64. Persons on the PD waiver on their 65<sup>th</sup> birthday may remain on the PD waiver or move to the FE waiver. NO other persons may receive PD services past the age of 64. Persons who elect to remain on the PD waiver past the age of 64 may move to the FE waiver at a later point. The case manager will notify the agency of the consumer's decision. You will need to change the Level of Care code and Level of Care effective date on the LOTC screen if the person elects FE.

### **IL to HCBS Shortening Base Period ( 6 month to 1 month bases)**

Whenever a consumer changes from IL to HCBS the spenddown is shortened whether or not the Spenddown is met or unmet. The IL base period is shortened to end the month prior to the choice/assessment date (depending on the waiver). HCBS budgeting begins the month of choice/assessment. Persons are eligible for HCBS if their cost of care exceeds the monthly client obligation. This remains true as long as services are expected to begin no later than the month following the month of choice/assessment date.

#### **Before Taking Action on KAECSSES**

- Determine the HCBS client obligation and verify if it is less than the ongoing cost of care.
  - If the cost of care on an ongoing basis is greater than the client obligation, continue approving the HCBS case.
  - If the cost of care is not greater than the client obligation on an ongoing basis, the consumer is not eligible for the HCBS program. HCBS would be denied and eligibility continues under IL guidelines.

## **KAECSSES**

- Access SPEN and shorten the IL base period to end the month prior to the month in which HCBS budgeting begins. Determine the new spenddown amount.
- Review the expenses entered on MEEX and make necessary adjustments.
- Authorize the case for the new spenddown information to transmit to the MMIS with the daily file.
- Send a notice to the consumer about the shortened base period and reduced spenddown amount.
- Enter the HC program subtype on SEPA for the month of HCBS choice/assessment.
- Enter the Y in the cost of care field on SPEN and authorize the case
- Code LOTC with the HCBS living arrangement and appropriate HCBS level of care. Also, enter the client obligation and effective date. Make sure you screen-print the LOTC screen for the case file.
- Send appropriate HCBS approval notices to the consumer and the HCBS case manager.

NOTE: If services do not begin by the end of the month following the month of choice/assessment, the case must remain IL budgeted until the month services begin.

### **HCBS to IL Lengthening Base Period (1 month to 6 month base period)**

A six-month IL base period will be established the month following the month HCBS ends.

## **Before Taking Action ON KAECSSES**

- Determine if there is a spouse who was not included in the budgeting under HCBS guidelines, but who is included when budgeting with IL guidelines.

## **KAECSSES**

- Remove the HC program subtype from the SEPA screen for the month after services end.
- Adjust coding on PICK, if necessary.
- Access SPEN and lengthen the base period.
- Allow medical expenses on the MEEX screen accordingly.
- Authorize the new six-month spenddown base period so that the information is sent to the MMIS system with the daily file.
- Update LOTC to reflect an IL arrangement and level of care effective month after services ended. Make sure you screen-print LOTC screen for the case file.
- Send the appropriate notices to the consumer and the HCBS case manager.

**5/2008**

## Untimely Notification

If you are not timely notified that HCBS services have ended, some base period manipulation may be required due to KAECSES not allowing a base period to be lengthened when later paid benefit months exist.

## Example

Gonzo Great is receiving HCBS services as he recuperates from a stroke he had a year ago. On February 15<sup>th</sup>, you receive an ES-3161 informing you that Gonzo no longer wants HCBS services and that services ended 12/31.

## Before Taking Action On KAECSES

- Determine on paper what month should have been included in the IL base period. Figure out the earliest month on KAECSES that you can take action to lengthen the base period. In Gonzo's situation, this would be February.
- Determine if there is a spouse who was not included in the budgeting under HCBS guidelines, but who is included when budgeting with IL guidelines. In Gonzo's case he does not have a spouse.

## February Benefit Month

- Remove the HC program subtype on SEPA
- Adjust the PICK coding accordingly.
- Access SPEN and lengthen the base period to a five-month base ( February to June).
- Calculate on paper what the IL spenddown amount from January should have been. You calculate this by taking the income-disregards-\$475 PIL. In Gonzo's case, the spenddown for January was \$380.
- Add the paper calculated one-month spenddown amount (\$380) to the system calculated five-month spenddown amount (\$1900) and enter the total (\$2280) in the 'OVERRIDE SPENDDOWN' field on the SPEN screen. Remove "y" on SPEN.
- Allow any applicable medical expenses on the MEEX screen.
- Gonzo has already received Medicaid coverage for January and February which should cover the majority of his expenses. IF he has expenses in these months which are not covered by Medicaid, they can be allowed against the spenddown. You may allow them either through the beneficiary billing process (for months February through June) or on the MEEX screen as appropriate (or for January dates of service).
- Update LOTC with an IL arrangement and level of care effective January 1<sup>st</sup>. Screen print the LOTC screen for case file.

**Note: If less than 6 months are remaining in the recertification period, you will need a new application. KEESM 1411.2 (3)**

**5/2009**